



INTERNATIONAL VISITING MEDICAL STUDENT VERIFICATION FORM

Dean or Registrar, please complete

Name of Student: _____

The above student has applied for elective rotations at the
Herbert Wertheim College of Medicine at Florida International University
during the dates of: _____ to _____
Month /day/year Month /day/year

Requested information should be filled in and /or appropriate responses checked below.

Is this student in good academic standing? YES [] NO []

Will the student covered by personal health insurance while in US? YES [] NO []

Will the student be covered by malpractice or indemnity insurance? YES [] NO []

Is the student fluent in English? YES [] NO []

Do you feel that the student is qualified for the electives he/she has selected? YES [] NO []

Authorized by (**Print name**): _____

Position at School: [] Dean [] Registrar [] Other: _____

School _____

Address _____

Country _____

Telephone _____ Fax: _____

E-mail _____

Signature: _____ Date: _____

Please complete and return to:
int.med@fiu.edu
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